

INSTRUCTIONS: This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

"X APPLICABLE BOXES"

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) JAMES, ERIC T		<input type="checkbox"/> 1. INDOOR <input checked="" type="checkbox"/> 2. OUTDOOR	
STAR NO. 4308	POSITION POLICE OFFICER	ADDRESS OF OCCURRENCE 3558 W HARRISON ST	
DATE OF APPOINTMENT 15-MAR-2013	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT 011	BEAT/CALL NO. 1163A	LOCATION CODE 304-STREET	BEAT OF OCCURRENCE 1133
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE WHITE	DOB [REDACTED]	DATE OF OCCURRENCE 25-NOV-2016 TIME 00:25:00 DAY OF WEEK FRIDAY
HEIGHT 508	WEIGHT 170	NO. OF OFFICERS BATTERED <u>2</u>	
WERE THERE ASSISTING UNITS ON SCENE? 1. <input type="checkbox"/> YES 2. <input checked="" type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? _____			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input checked="" type="checkbox"/> B. WITH ONE PARTNER <input type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? _____	
<input checked="" type="checkbox"/> C. CITIZEN'S DRESS <input type="checkbox"/> D. TACTICAL <input type="checkbox"/> E. B.I.S. UNIT <input type="checkbox"/> F. SPECIAL EMPLOYMENT <input type="checkbox"/> G. OTHER _____		PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <u>UNKNOWN</u>			
<input type="checkbox"/> D. HANDS/FISTS <input type="checkbox"/> E. FEET <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input checked="" type="checkbox"/> H. OTHER (SPECIFY) _____			
<input type="checkbox"/> A. REVOLVER <input checked="" type="checkbox"/> 2. SEMI-AUTOMATIC <input type="checkbox"/> 3. RIFLE <input type="checkbox"/> 4. SHOTGUN			
<input type="checkbox"/> B. VEHICLE			
/OFFENDER WALKED IN THE DIRECTION OF OFFICER WITH GUN IN HAND			
<input type="checkbox"/> 1. OFFICER STRUCK WITH VEHICLE <input type="checkbox"/> 2. ATTEMPTED TO STRIKE OFFICER WITH VEHICLE			
<input type="checkbox"/> C. KNIFE/OTHER CUTTING INSTRUMENT <input type="checkbox"/> I. BLUNT INSTRUMENT			
FIREARM USE INFORMATION			
(Check all that apply): <input type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M <input type="checkbox"/> 2. F	RACE BLACK	DOB 11-MAY-1979	IR NO.
CHARGE _____		IUCR CODE _____	
ORIGINAL CHARGE _____		ORIGINAL IUCR CODE _____	
<input checked="" type="checkbox"/> K. OTHER		WAS THE OFFENDER'S ACTIVITY: DRUG RELATED?	
<input type="checkbox"/> A. FATAL <input type="checkbox"/> B. NON-FATAL - MAJOR INJURY (Broken Bones/Serious Lacerations/Internal Injuries) <input type="checkbox"/> C. NON-FATAL - MINOR INJURY (Bruises/Swelling/Minor Abrasions) <input checked="" type="checkbox"/> D. NONE APPARENT/NONE		<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
		GANG RELATED? <input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN	
TYPE OF INJURY TO OFFICER		NO. OF OFFENDERS PRESENT? <u>1</u>	
LIGHTING CONDITIONS AT INCIDENT		WEATHER CONDITIONS	
<input type="checkbox"/> A. DAYLIGHT <input type="checkbox"/> D. DUSK <input type="checkbox"/> B. NIGHT <input checked="" type="checkbox"/> E. ARTIFICIAL LIGHT <input type="checkbox"/> C. DAWN <input type="checkbox"/> 1. POOR <input type="checkbox"/> <input checked="" type="checkbox"/> 2. GOOD		<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW	
		<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CROSS WIND	
APPROXIMATE OUTDOOR TEMPERATURE: <u>37°F</u>			

AFTER SHOOTING VICTIM OFFENDER WALKED IN THE DIRECTION OF OFFICER WITH GUN IN HAND.

REPORTING MEMBER - SIGNATURE
JAMES, ERIC T

STAR NO.
4308

WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.
NAGODE, ALFRED J

66